



NURSE & HEALTH

NURSE AND HEALTH: JURNAL KEPERAWATAN

- HEALTHCARE UTILIZATION FOR ACUTE RESPIRATORY INFECTIONS DURING THE COVID-19 PANDEMIC AND ASSOCIATED FACTORS: A CROSS-SECTIONAL STUDY IN SOUTH DENPASAR, INDONESIA
- COMPARISON OF AUTHENTICITY AND TRANSFORMATIONAL TRAITS BETWEEN NURSING STUDENTS LEVEL 1 TO 4
- EXPERIENCES OF NURSES EXPERIENCING VIOLENCE IN THE EMERGENCY ROOM: A QUALITATIVE STUDY
- THE RELATIONSHIP BETWEEN THE WORK ENVIRONMENT AND JOB SATISFACTION OF NURSE ANESTHETISTS IN HOSPITALS, CENTRAL JAVA-BALI
- THE CORRELATION BETWEEN NURSES KNOWLEDGE AND PHLEBITIS PREVENTION EFFORTS AT IDAMAN HOSPITAL, BANJARBARU CITY
- DIGITALIZATION OF LEADERSHIP COMMUNICATION, WORK MOTIVATION, AND NURSE PERFORMANCE: A LITERATURE REVIEW
- PROBLEM-BASED LEARNING MODEL IN ACHIEVEMENT OF COMPETENCE OF NURSING STUDENTS DURING THE COVID-19 PANDEMIC
- EFFECTIVENESS OF ASTHMA SELF-MANAGEMENT EDUCATION (ASME) ON IMPROVING THE QUALITY OF LIFE: A LITERATURE REVIEW
- IMPROVEMENT OF FEEDING PRACTICES FOR STUNTING CHILDREN UNDER TWO YEARS THROUGH AN COMPLEMENTARY FEEDING EDUCATION
- CONTRIBUTING FACTORS AFFECTING SPIRITUAL INTELLIGENCE OF NURSES AT BANDUNG HOSPITAL IN INDONESIA
- ATTITUDES TOWARDS MENTAL ILLNESS TO DECREASE THE FAMILY CAREGIVERS' BURDEN
- THE EFFECT OF BAY LEAF GARLIC DECOCTION ON LOW CHOLINESTERASE LEVELS DUE TO PESTICIDE EXPOSURE IN FARMERS IN PASURUAN
- THE EFFECT OF BENEFITS, BARRIERS, AND SELF-EFFICACY ON PUBLIC HEALTH PROMOTION BEHAVIOR DURING THE COVID-19 PANDEMIC
- THE EFFECT OF THERAPEUTIC GROUP THERAPY (TGT) FOR MIDDLE AGED ADULTS ON THE RESILIENCE OF COASTAL RESIDENTS AFTER THE COVID-19 PANDEMIC
- UTERINE INVOLUTION IN DAWANESSE POSTPARTUM MOTHERS WITH TATOBII PRACTICES
- DETERMINANTS OF MYOCARDIAL INFARCTION OUTCOMES IN A NON-PERCUTANEOUS CORONARY INTERVENTION HOSPITAL IN JAKARTA
- EFFECTIVENESS ENHANCED RECOVERY AFTER CAESAREAN SURGERY (ERACS) ON CONSCIOUS RECOVERY TIME IN SECTIO CAESAREA PATIENTS IN THE RECOVERY ROOM OF RSAD TK. II UDAYANA
- NURSING STRUCTURAL EMPOWERMENT: A CONCEPT ANALYSIS
- NEONATAL PAIN MANAGEMENT PRACTICES AMONG NURSES WORKING IN NEWBORN UNITS IN NYANZA AND WESTERN KENYA
- FAMILY SUPPORT WITH THE HEALTH BEHAVIOR OF PULMONARY TUBERCULOSIS PATIENTS AT THE X SIDOARJO HEALTH CENTER



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Concept Analysis

NURSING STRUCTURAL EMPOWERMENT: A CONCEPT ANALYSIS

Latifah Alenazi

242-251

 DOI: <https://doi.org/10.36720/nhjk.v12i2.573>

Abstract views: 0 , PDF downloads: 0 iThenticate Result downloads: 0

Review Article

EFFECTIVENESS OF ASTHMA SELF-MANAGEMENT EDUCATION (ASME) ON IMPROVING THE QUALITY OF LIFE: A LITERATURE REVIEW

Novarika Aliya Rizky, Arista Maisyaroh, Dwi Ocha Fibrianti, Syaifuddin Kurnianto, Eko Prasetya Widiyanto

164-171

 DOI: <https://doi.org/10.36720/nhjk.v12i2.476>

Abstract views: 0 , PDF downloads: 1 iThenticate Result downloads: 0

DIGITALIZATION OF LEADERSHIP COMMUNICATION, WORK MOTIVATION, AND NURSE PERFORMANCE: A LITERATURE REVIEW

Dewa Gede Wisnu Wardana, Ni Luh Putu Inca Buntari Agustin, I Gusti Ngurah Made Kusuma Negara, Yustina ni putu Yusniawati

143-155

 DOI: <https://doi.org/10.36720/nhjk.v12i2.539>

Abstract views: 0 , PDF downloads: 0 iThenticate Result downloads: 0

Original Research Article

HEALTHCARE UTILIZATION FOR ACUTE RESPIRATORY INFECTIONS DURING THE COVID-19 PANDEMIC AND ASSOCIATED FACTORS: A CROSS- SECTIONAL STUDY IN SOUTH DENPASAR, INDONESIA

Luh Putu Kartiningsih, I Ketut Swarjana, AAA Yuliati Darmini, Made Dian Shanti Kusuma
96-104

 DOI: <https://doi.org/10.36720/nhjk.v12i2.380>

Abstract views: 3 , PDF downloads: 2 iThenticate Result downloads: 0
THE RELATIONSHIP BETWEEN THE WORK ENVIRONMENT AND JOB
SATISFACTION OF NURSE ANESTHETISTS IN HOSPITALS, CENTRAL JAVA-BALI
Ni Nyoman Ari Kundari Dewi, I Ketut Swarjana, IGNM Kusuma Negara, Yustina Ni Putu
Yusniawati
127-132

 DOI: <https://doi.org/10.36720/nhjk.v12i2.398>

Abstract views: 3 , PDF downloads: 1 iThenticate Result downloads: 0
COMPARISON OF AUTHENTICITY AND TRANSFORMATIONAL TRAITS BETWEEN
NURSING STUDENTS LEVEL 1 TO 4
Idauli Simbolon, Albinur Limbong, Mori Agustina Br Perangin-angin
105-114

 DOI: <https://doi.org/10.36720/nhjk.v12i2.533>

Abstract views: 0 , PDF downloads: 0 iThenticate Result downloads: 0
EXPERIENCES OF NURSES EXPERIENCING VIOLENCE IN THE EMERGENCY ROOM:
A QUALITATIVE STUDY
Fakrul Ardiansyah, Revani Hardika, Tika Desvicasari Hustra
115-126

 DOI: <https://doi.org/10.36720/nhjk.v12i2.527>

Abstract views: 0 , PDF downloads: 0 iThenticate Result downloads: 0
THE CORRELATION BETWEEN NURSES KNOWLEDGE AND PHLEBITIS
PREVENTION EFFORTS AT IDAMAN HOSPITAL, BANJARBARU CITY
Muhammad Fasya Aminullah, Herry Setiawan, Eka Santi, M. Hadarani, Lola Illona E.K
133-142

 DOI: <https://doi.org/10.36720/nhjk.v12i2.489>

Abstract views: 0 , PDF downloads: 0 iThenticate Result downloads: 0
PROBLEM-BASED LEARNING MODEL IN ACHIEVEMENT OF COMPETENCE OF
NURSING STUDENTS DURING THE COVID-19 PANDEMIC

Zainal Abidin, Rizeki Dwi Fibriansari, Anggia Astuti
156-163

 DOI: <https://doi.org/10.36720/nhjk.v12i2.499>

Abstract views: 1 , PDF downloads: 0 iThenticate Result downloads: 0
CONTRIBUTING FACTORS AFFECTING SPIRITUAL INTELLIGENCE OF NURSES AT
BANDUNG HOSPITAL IN INDONESIA

Laili Rahyuwati, Shinta Galih, Efri Widiandi, Habsyah Saparidah Agustina, Vira Amelia
181-188

 DOI: <https://doi.org/10.36720/nhjk.v12i2.482>

Abstract views: 1 , PDF downloads: 0 iThenticate Result downloads: 0
IMPROVEMENT OF FEEDING PRACTICES FOR STUNTING CHILDREN UNDER TWO
YEARS THROUGH AN COMPLEMENTARY FEEDING EDUCATION

Erna Julianti, Elni, Restu Amalia Azmy
172-180

 DOI: <https://doi.org/10.36720/nhjk.v12i2.514>

Abstract views: 0 , PDF downloads: 0 iThenticate Result downloads: 0
THE EFFECT OF BAY LEAF GARLIC DECOCTION ON LOW CHOLINESTERASE
LEVELS DUE TO PESTICIDE EXPOSURE IN FARMERS IN PASURUAN

Mukhammad Toha, Ida Zuhroidah, Mokh Sujarwadi
195-203

 DOI: <https://doi.org/10.36720/nhjk.v12i2.563>

Abstract views: 1 , PDF downloads: 0 iThenticate Result downloads: 0
ATTITUDES TOWARDS MENTAL ILLNESS TO DECREASE THE FAMILY
CAREGIVERS' BURDEN

Faida Annisa, Agus Sulistyowati, Dini Prastyo Wijayanti
189-194

 DOI: <https://doi.org/10.36720/nhjk.v12i2.591>

Abstract views: 0 , PDF downloads: 0 iThenticate Result downloads: 0
THE EFFECT OF THERAPEUTIC GROUP THERAPY (TGT) FOR MIDDLE AGED
ADULTS ON THE RESILIENCE OF COASTAL RESIDENTS AFTER THE COVID-19
PANDEMIC

Nurul Huda, Bagus Dwi Cahyono, Evy Aristawati, Dody Wijaya
212-217

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Abstract views: 0 , PDF downloads: 0 iThenticate Result downloads: 0
THE EFFECT OF BENEFITS, BARRIERS, AND SELF-EFFICACY ON PUBLIC HEALTH
PROMOTION BEHAVIOR DURING THE COVID-19 PANDEMIC
Dheni Koerniawan
204-211

 DOI: <https://doi.org/10.36720/nhjk.v12i2.501>

Abstract views: 1 , PDF downloads: 0 iThenticate Result downloads: 0
DETERMINANTS OF MYOCARDIAL INFARCTION OUTCOMES IN A NON-
PERCUTANEOUS CORONARY INTERVENTION HOSPITAL IN JAKARTA
Talitha Syifa Laili, Wiwin Winarti
226-234

 DOI: <https://doi.org/10.36720/nhjk.v12i2.579>

Abstract views: 0 , PDF downloads: 0 iThenticate Result downloads: 0
UTERINE INVOLUTION IN DAWANESSE POSTPARTUM MOTHERS WITH TATOBI
PRACTICES
Kristiani Desimina Tauho, Rifatolistia Tampubolon, Maya Miranthi Oematan
218-225

 DOI: <https://doi.org/10.36720/nhjk.v12i2.575>

Abstract views: 0 , PDF downloads: 0 iThenticate Result downloads: 0
EFFECTIVENESS ENHANCED RECOVERY AFTER CAESAREAN SURGERY (ERACS)
ON CONSCIOUS RECOVERY TIME IN SECTIO CAESAREA PATIENTS IN THE
RECOVERY ROOM OF RSAD TK. II UDAYANA
Yustina Ni Putu Yusniawati, Emanuel Ileatan Lewar, I Gade Agus Shuarsedana Putra, I Gusti
Ayu Nandita Arta Putri
235-241

 DOI: <https://doi.org/10.36720/nhjk.v12i2.562>

Abstract views: 0 , PDF downloads: 0 iThenticate Result downloads: 0

NEONATAL PAIN MANAGEMENT PRACTICES AMONG NURSES WORKING IN
NEWBORN UNITS IN NYANZA AND WESTERN KENYA

Teresa Kerubo Okiri, Mary Kiperemero, Beatrice Mukabana

252-264

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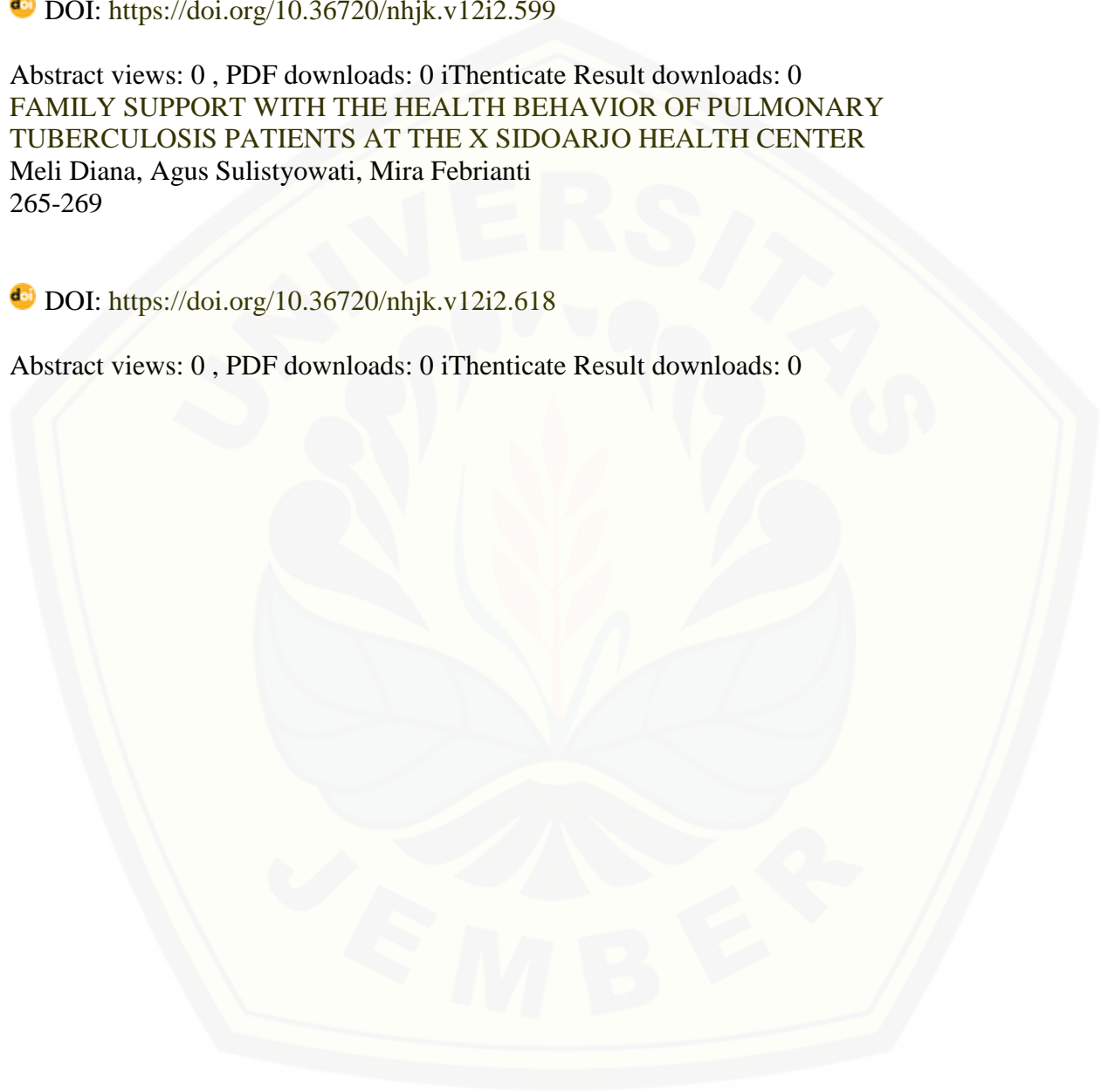
FAMILY SUPPORT WITH THE HEALTH BEHAVIOR OF PULMONARY
TUBERCULOSIS PATIENTS AT THE X SIDOARJO HEALTH CENTER

Meli Diana, Agus Sulistyowati, Mira Febrianti

265-269

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Original Research Article

THE EFFECT OF THERAPEUTIC GROUP THERAPY (TGT) FOR MIDDLE AGED ADULTS ON THE RESILIENCE OF COASTAL RESIDENTS AFTER THE COVID-19 PANDEMIC

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Abstract

Background: Almost everyone has been directly or indirectly affected by the COVID-19 virus pandemic. Many people are not ready to adapt to sudden lifestyle changes. This causes some people to experience fear and anxiety.

Objectives: The study aimed to analyze group therapy effect on coastal resident's resilience after the Covid-19 pandemic.

Methods: This study uses Quasy Experimental Pre-Posttest design, with 2 groups. The location of this research is in the northern coastal area of Pasuruan City and Regency. The sampling technique of this study used purposive sampling, a total of 20 respondents were divided into two group, namely the control group and the treatment group. To measure the level of resilience all the respondents were given the pretest and post test carried out using instruments to determine community resilience after the Covid-19 pandemic using the Resilience, however only the treatment group was given the TKT intervention. Processing and testing of data using SPSS software, with the Wilcoxon statistical test with $\alpha = 0.05$.

Results: The results of the study with the Wilcoxon statistical test in the treatment group obtained a value of $p = 0.001$ ($p < 0.05$) and in the control group obtained a value of $p = 0.083$ ($p > 0.05$) this means there is a significant difference between the control group and the treatment group.

Conclusion: This study concludes that there is a significant difference in the resilience of the community during the pretest and posttest in the treatment group receiving therapeutic group therapy, and there is no significant difference in the strength of the coastal community during the pretest and posttest in the control group. For this reason researchers suggest regularly holding this TKT for residents to increase the resilience of coastal residents.

Keywords: Resilience, Therapeutic group therapy, Covid-19

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INTRODUCTION

Some people have become too afraid or worried because of the COVID-19

pandemic. Based on the results of our previous research entitled efforts of milkfish pond farmers in managing psychological stress and

remaining productive in the time of the covid-19 pandemic, data was obtained that in middle adulthood many people experience a decrease in their level of resilience (Cahyono, et, al, 2022) It is not uncommon for them to have suspicions and prejudices against those who show signs of COVID-19 infection. This causes people to be more in a hurry to find information about the virus and unable to sort out accurate information, which causes anxiety. Under these conditions, a person has difficulty sleeping, headaches, and other physical problems.

Globally, there were 94,457,131 positive cases of COVID-19, 2,021,638 deaths, and 51,986,261 recoveries. As of January 21, 2021, COVID-19 cases in Indonesia are quite high (Gugus Tugas COVID-19 Nasional, 2021).

The COVID-19 virus pandemic is spreading around the world, affecting everyone, both directly and indirectly. Many people are not prepared to adapt to the sudden change in lifestyle. This causes some people to be anxious and panic. Different types of anxiety arise, such as worrying about contracting the virus, losing money or even getting worse, and questions about what will happen after the pandemic ends (Kamil, Isnawan et al., 2020).

Anxiety is a judgment and emotional response to something dangerous. Anxiety is strongly associated with feelings of uncertainty and helplessness. It is experienced subjectively and communicated in interpersonal relationships. Anxiety is an exaggerated feeling of a condition of fear, anxiety, impending disaster, apprehension of a real or perceived threat. (Saputro & Fazrin, 2017). The COVID-19 pandemic has many impacts, and coastal communities have been impacted economically, physically, mentally and spiritually. Psychological impacts can include emotional stress that can lead to depression or reduced morale, which in turn leads to reduced productivity in coastal communities (Cahyono et al., 2022).

Anxiety is a perceptual and emotional response to a stimulus that is vague but potentially harmful. Anxiety is an exaggerated sense of a condition of dread, uneasiness, impending disaster, or apprehension of a real or perceived threat. Anxiety is closely related to feelings of uncertainty and experiencing helplessness. It is experienced subjectively and communicated in interpersonal relationships (Saputro & Fazrin, 2017).

Various sources of anxiety can include negative thoughts, future uncertainty, or unstable circumstances. There is a lot of uncertainty, especially during the COVID-19 pandemic. In the days following the COVID-19 pandemic, people have experienced decreased income, sudden layoffs, difficulty finding work, and death (Putri & Septiawan, 2020).

The results of an initial survey conducted on 25 respondents in the coastal area of Pasuruan City showed that 18 people in the age range of 30 to 65 years experienced anxiety about the Covid-19 pandemic. The heads of households experienced problems such as loss of income, difficulty finding work, and fear of being infected with the virus.

The COVID-19 pandemic affects both mental and physical health. Feelings of anxiety due to being infected with the virus and uncertainty during the pandemic are the effects of the pandemic on mental health. To maintain vigilance, anxiety must be managed well, so that we stay alert so as not to cause health problems to become more severe (Vibriyanti, 2020).

A way to reduce the degree of anxiety is to stay in touch online with friends and family, get information about the coronavirus and how it is transmitted, practice social distancing, wash hands, and keep activities at home, and maintain endurance by eating nutritious food, moderate exercise, and adequate rest. If a person has a deep understanding of the COVID-19 virus, they can usually feel calmer and more alert to deal with any possibilities that may occur during

the outbreak. Thus, everyone can calmly turn a source of uncertainty into a source of certainty (Jarnawi, 2020).

Objective(s): The aim of the study was to analyze the effect of therapeutic group therapy on the resilience of coastal residents after the Covid-19 pandemic. Because with this therapy participants can share experience with each other to increase resilience during the pandemic.

METHODS

Study Design

This research method uses Quasi Experimental Pre-Posttest. In this type of research, two groups of subjects are used to reveal a causal relationship. The experimental group receives treatment, while the control group does not receive treatment.

Setting

This research was conducted in the north coastal area of Pasuruan City in April 2023.

Research Subject

There are 20 respondent which was divided into two groups control and treatment. The sampling technique used purposive sampling. Inclusion criteria were middle-aged adults who lived in the area, had never received any psychotherapy and were willing to voluntarily participate in this study.

Instruments

The concept of measuring resilience developed from mass to mass only in the 1955 werner & smith developed a tool to measure resilience in a work setting called RQ-TEST (Resilience Questioners Test). Pretest and posttest were conducted using an instrument to determine community resilience after the Covid-19 pandemic using the Resilience Question Test. There are seven components: emotional control, desire control, optimism, ability to analyze problems, empathy, self-efficacy, and achievement.

Data Analysis

To find out how therapeutic group therapy has an impact on increasing the resilience of coastal residents both before and after the intervention, the data were processed and tested using the SPSS program and the Wilcoxon statistical test. After the intervention is given, it is interpreted as follows if $\alpha = 0.05$ and P is less than 0.05, then it is interpreted that there is an effect of therapeutic group therapy on the resilience of coastal communities after the COVID-19 pandemic and vice versa.

Ethical Consideration

The researcher emphasized ethical principles, including: informed consent, anonymity and confidentiality. The number of Ethical committee of nursing faculty of jember University No.259/UN25.1.1.14/KEPK/2023.

RESULTS

Table 1. Frequency Distribution of Respondent Gender

| Gender | Frequency | (%) |
|--------|-----------|-----|
| Male | 6 | 30 |
| Female | 14 | 70 |
| Total | 20 | 100 |

The table above showing that female respondent even more amount than male.

Table 2 explains that the treatment group respondents at the pretest who had a low level of resilience were 6 residents (60%), while at the posttest the treatment group respondents had a low level of resilience to 0 (0%). This shows a significant change in the treatment group, and after the Wilcoxon sign rank test, the p value = 0.001 ($p < 0.05$) was obtained, which means that there is a significant difference in the level of resilience in the pre-test and post-test in the treatment group.

Table 2. Frequency Distribution of Resilience of Treatment Group

| No | Resilience Level | Pre | | Post | |
|-------------------------|------------------|---------|------|------|------|
| | | f | % | f | % |
| 1. | Low | 6 | 60.0 | 0 | 0 |
| 2. | Medium | 4 | 40.0 | 5 | 50.0 |
| 3. | High | 0 | 0 | 5 | 50.0 |
| Total | | 10 | 100 | 10 | 100 |
| Wilcoxon Sign Rank Test | | p=0.001 | | | |

Table 3. Frequency Distribution of Resilience of Control group

| No. | Resilience Level | Pre | | Post | |
|-------------------------|------------------|---------|------|------|------|
| | | Σ | % | Σ | % |
| 1. | Low | 4 | 40.0 | 3 | 30.0 |
| 2. | Medium | 6 | 60.0 | 5 | 50.0 |
| 3. | High | 0 | 0 | 2 | 20.0 |
| Total | | 10 | 100 | 10 | 100 |
| Wilcoxon Sign Rank Test | | p=0,083 | | | |

Table 3 explains the control group respondents that during the pre-test had a low level of resilience as many as 4 residents (40%), while during the post-test the control group respondents had a low level of resilience as many as 3 residents (30%). After the Wilcoxon sign rank test was conducted, the p value = 0.083 ($p > 0.05$), in other words, the control group did not show a significant difference in resilience between pretest and posttest.

DISCUSSION

In the pretest, there were six participants with low resilience in the treatment group and four participants in the control group, as shown in Tables 1 and 2. Patient of the COVID-19 pandemic have suffered great physical, psychological, and social consequences. Given how much the COVID-19 pandemic can affect the resilience of coastal residents. As the COVID-19 pandemic is unavoidable, adaptability is essential. Psychological distress could

potentially arise if coastal residents' resistance to the pandemic decreases.

After therapy, the treatment group showed a significant increase in resilience. In Table 1, the data shows that at the pretest the respondents with low resilience were 6 and at the posttest 0 respondents. In contrast, the control group did not show a significant increase in resilience. This data shows that group therapy can increase the resilience of coastal residents after the COVID-19 pandemic. This therapeutic group therapy can be conducted at various age levels with physical or psychiatric disorders and focuses on helping members cope with stress in their lives (Stuart & Laraia, 2009).

If a person changes the way they look at problems, they can improve their resilience. These seven components include emotion regulation, impulse control, optimism, ability to analyze problems, empathy, self-efficacy, and achievement (Reivich & Shatte, 2002). The treatment group experienced a significant increase in the seven aspects of resilience after therapeutic group therapy. On the other hand, the control group, which usually did not receive therapeutic group therapy, did not experience significant improvement in the seven aspects of resilience. According to Utami et al., (2017), there are 3 (three) sources of resilience, which are I am, I can, and I have. I am is an individual ability that includes a person's attitude, self-confidence, and feelings, I can is a social and interpersonal ability that includes abilities that a person can have, such as the ability to interact with others and the ability to solve problems. I have an external source of support that includes everything a person has, such as support to do what they want. This support can be in the form of strong family relationships or other good relationships by creating a learning program that aims to foster and increase the resilience, internal motivation, and independence of individuals and increase the protective component during training. Researchers use these three sources as guidelines for

conducting group therapy that can increase the resilience of coastal residents after the COVID-19 pandemic.

According to Keye & Pidgeon (2013), If a person has good resilience, they can reduce the negative impact of stress, become better at adapting, and develop effective self-defense skills, resulting in increased independence. People with high resilience are usually friendly and easy to interact with, have good thinking skills, including intelligence, social skills, and judgment, have talents or strengths, self-belief, and confidence in their decision-making abilities, and are religious or spiritual. The researcher conducted evaluations at four group therapy sessions. In this session, members discussed the benefits of the activities that had been done during the previous four sessions, the changes they had experienced, and the activities that were beneficial to their community and home. Next, follow-up actions were given to members to learn about all their potential, values, and beliefs. After that, they have to commit to their preferred and appropriate choices. Therefore, a person's previously low resilience can improve afterward by becoming medium or even high.

CONCLUSION

This study concludes that there is a significant difference in the resilience of the community during the pretest and posttest in the treatment group receiving therapeutic group therapy, and there is no significant difference in the strength of the coastal community during the pretest and posttest in the control group.

SUGGESTIONS

This research can be used as a literature reference in mental nursing care efforts so that it can realize an increase in the degree of public mental health. Suggestions for further research are that it is necessary to add the role of the family

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DECLARATION OF CONFLICTING INTEREST

Related to conflict of interest that arise when conducting research is to increase knowledge about stress management to survive after the pandemic.

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AUTHOR CONTRIBUTION

Nurul Huda: data collecting

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